

<i>SERFF Tracking Number:</i>	<i>HUMA-127001477</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>47783</i>
<i>Company Tracking Number:</i>	<i>AR-11-002</i>		
<i>TOI:</i>	<i>H06 Health - Conversion</i>	<i>Sub-TOI:</i>	<i>H06.000 Health - Conversion</i>
<i>Product Name:</i>	<i>Conversion</i>		
<i>Project Name/Number:</i>	<i>Rewards/PC107</i>		

## Filing at a Glance

Company: Humana Insurance Company

Product Name: Conversion

TOI: H06 Health - Conversion

Sub-TOI: H06.000 Health - Conversion

Filing Type: Form

SERFF Tr Num: HUMA-127001477 State: Arkansas

SERFF Status: Closed-Approved-  
Closed

Co Tr Num: AR-11-002

Author: Wendy Jeffries

Date Submitted: 01/25/2011

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 02/03/2011

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Rewards

Project Number: PC107

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 02/03/2011

State Status Changed: 02/03/2011

Created By: Wendy Jeffries

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

We respectfully submit for your review and approval on a general use basis the attached amendment to update language.

Rates are not affect by the addition of this language.

Should you have any questions, please do not hesitate to contact me.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: n/a

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Wendy Jeffries

SERFF Tracking Number:	HUMA-127001477	State:	Arkansas
Filing Company:	Humana Insurance Company	State Tracking Number:	47783
Company Tracking Number:	AR-11-002		
TOI:	H06 Health - Conversion	Sub-TOI:	H06.000 Health - Conversion
Product Name:	Conversion		
Project Name/Number:	Rewards/PC107		

## Company and Contact

### Filing Contact Information

Wendy Jeffries, Regional Contract Analyst	wjeffries@humana.ocm
321 W. Main Street	502-580-1783 [Phone]
6th Floor, East Tower	
Louisville, KY 40202	

### Filing Company Information

Humana Insurance Company	CoCode: 73288	State of Domicile: Wisconsin
1100 Employers Boulevard	Group Code: 119	Company Type: Life & Health
Green Bay, WI 54344	Group Name:	State ID Number:
(800) 558-4444 ext. [Phone]	FEIN Number: 39-1263473	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 form at \$50 per form equals \$50
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	01/25/2011	44072316

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/03/2011	02/03/2011

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## Disposition

Disposition Date: 02/03/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>HUMA-127001477</i>	<i>State:</i>	<i>Arkansas</i>
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Form</b>	Disclosure Amendment	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: AR DISCL 01/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/03/2011	AR DISCL 01/11	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Disclosure Amendment	Initial			Disclosure Amendment (a) 01-11.pdf

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## [DISCLOSURE AMENDMENT]

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This amendment is made part of the Policy to which it is attached. The effective date of this change is the latter of the effective date of the Policy or the date this benefit is added to the Policy.

All terms used in this amendment have the same meaning given to them in the Policy unless otherwise specifically defined in this amendment. Except as modified below all Policy terms, conditions and limitations apply.

The following section has been added to **Your** Policy:

### REWARDS DISCLOSURE

#### REWARDS

From time to time **We** may enter into agreements with third parties who administer Rewards programs that may be available to **You**. Through these programs, **You** may earn rewards by:

- Completing certain activities such as wellness, educational, or informational programs; or
- Reaching certain goals such as lowering blood pressure or becoming smoke free.

The rewards may include non-insurance benefits such as [merchandise][,] [gift cards][,] [debit cards][,] [discounts] [or] [contributions to **Your** health spending account]. **We** are not responsible for any rewards that are non-insurance benefits or for **Your** receipt of such reward.

[The rewards may also include insurance benefits such as [credits toward premium] [or] [a reduction in [copayments][,] [deductibles] [or] [coinsurance]][, as permitted under applicable state and federal laws].]

The rewards may be taxable income. **You** may consult a tax advisor for further guidance.

**Our** agreement with any third party does not eliminate any of **Your** obligations under this Policy or change any of the terms of this Policy. **Our** agreement with the third parties and the program may be terminated at any time[, although insurance benefits will be subject to applicable state and federal laws].

Please call the telephone number listed [on **Your** identification card] [or] [in the marketing literature issued by the Rewards program administrator] for a possible alternative activity if:

- It is unreasonably difficult for **You** to reach certain goals due to **Your** medical condition; or
- **Your Qualified Practitioner** advises **You** not to take part in the activities needed to reach certain goals.

[The Rewards program administrator] [or] [**We**] may require proof in writing from **Your Qualified Practitioner** that **Your** medical condition prevents **You** from taking part in the available activities.

The decision to participate in these programs or activities is voluntary and **You** may decide to participate anytime during the year. Refer to the marketing literature issued by the Rewards program administrator for their program's eligibility, rules and limitations.

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**[DISCLOSURE AMENDMENT (continued)]**

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**Humana Insurance Company**

[Signature of Officer]  
[Typed Name of Officer]  
[Title of Officer] ]



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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	02/03/2011
<b>Comments:</b>	see attached		
<b>Attachments:</b>			
	AR-11-002 Certificate of Compliance-Bulletin 9-85.pdf		
	AR-11-002 Certification of Compliance-Rule & Regulation 19.pdf		
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application	Approved-Closed	02/03/2011
<b>Bypass Reason:</b>	not filing policy		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Approved-Closed	02/03/2011
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Outline of Coverage	Approved-Closed	02/03/2011
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	PPACA Uniform Compliance Summary	Approved-Closed	02/03/2011
<b>Bypass Reason:</b>	not PPACA related		

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**Comments:**

TO: Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: GROUP HEALTH INSURANCE FORMS FILING  
HUMANA INSURANCE COMPANY  
POLICY SERIES: CC2003  
NAIC#: 73288  
FEIN#: 39-1263473  
INTERNAL FILING NUMBER: AR-11-002

### **CERTIFICATION OF COMPLIANCE**

I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify to the best of my knowledge and belief that they are in compliance with Bulletin 9-85 of the state of Arkansas.



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(Signature)

J. Gregory Catron  
Vice President and Assistant General Counsel  
Humana Insurance Company

01/25/2011

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(Date)

Individual responsible for this filing:

Wendy Jeffries  
Contract Analyst  
Product Compliance

TO: State of Arkansas  
Office of the Commissioner of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

FORM: See Form Schedule tab for a list of forms.

**CERTIFICATION OF COMPLIANCE**  
Arkansas Rule and Regulation 19

I, J. Gregory Catron, an officer of Humana Insurance Company, hereby certify that I have authority to bind and obligate the company by the filing of this form. I further certify that, to the best of my knowledge, information and belief:

- (a) The accompanying form as identified above does comply with all applicable provisions of the Arkansas Rule and Regulation 19; and
- (b) The form does meet the Flesch reading ease test for a score of 40 for all applicable policies, certificates and certificate riders unless the Commissioner of Insurance of the State of Arkansas requires a lower score;



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J. Gregory Catron  
Vice President and Assistant General Counsel  
Humana Insurance Company

January 25, 2011  
Date

Individual responsible for this filing:

Wendy Jeffries  
Contract Analyst  
Product Compliance